

FURTHER PROCESSING OF CRYO-CONSERVED SPERM

Client Name: Birth number: Address:	Identification ID: PASSPORT: Identified by: Stamp and signature (ARLETA, Czech Fertility Clinic) Date: (date of identification)
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1. NOTICE

Dear Sir,

we would hereby like to notify you, that, on, your paid-up storage period for frozen sperm ends.

Please, select one of the options provided below (1. or 2.) by clearly checking the adjacent box. Please send the filled-in and signed form by post to the following address: ARLETA IVF, Komenského 702, 517 41 Kostelec nad Orlicí, Czech Republic.

<input type="checkbox"/> 1. I hereby request that my cryoconserved sperm continues to be kept in storage in the ARLETA Reproductive Health Center laboratory, as I remain interested in its potential future use. I am aware that the storage of sperm is subject to an annual fee of 65 EUR. The fee is payable in cash at our front desk, or by bank transfer into the following account: Number of bank account: 1388134711/2700 IBAN kod: CZ58 2700 0000 0013 8813 4711 SWIFT: BACXCZPP Name of the clinic: Arleta IVF, s.r.o. Name of the bank: UniCredit Bank
<input type="checkbox"/> 2. I hereby request my sperm to be destroyed, as I am not interested in its future use. I am aware that my signature must be notarized. Or else this form must be signed in your personal presence at the ARLETA Reproductive Health Center front desk, where your signature will be verified against your identity documents by our staff.

2. DECLARATION

I hereby declare:

- to possess legal capacity, and that my legal capacity has not been limited.
- to have understood the information provided to me, to have had the opportunity to ask questions, and that such questions, if any, have been answered to my satisfaction.
- in case of further storage (option 1) I will promptly and in written form inform the company about any changes (address, phone number...).
- all information I supplied to be, to the best of my knowledge, complete and true.

In on
Client's signature